

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

Indiana Election Commission (IC 3-9-5-14)

State Form 4606 (R13/11-05)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**Summary Sheet** FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

(CFA-4)

IS THIS AN AMENDMENT? Yes	∑ No					
	COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization	on). Check if this is a new name	1.		31"		
FRIENDS FOR MAK	ZINA S. KI	NG				
Z Accompar or Abbreviated Name (if any)	3.	phone Number				
Additional and the second seco	((	26515	52-0	2301		
4. Mailing Address (address where all campaign finance co	rrespondence is received)	if this is a new	address	Michael Con		
5. City, State, ZIP Code	6,	(if applicable)	)			
ARCADIA, IN 46	LICAI	U				
CANDIDATE IN	ORMATION (For Candidate's Com	nittees Only)				
7. Full Name of Candidate (include any nickname)	Party Affiliation	or If Independen	t Candidate			
MARINA SUE	MARINA SUE KING PEPU			BLICAN		
9. Office Sought (Include district number, if any. Not requir						
WHITERIVER TOWNSHI	1LTO1	J				
TYPE OF I	REPORT		CONVENTION	N CANDIDATES ONLY		
11. Check one:		restration	Check one:			
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐		Poteriot :				
Final/Disbands Committee (lines 18, 19, and 20 must be '0") Utgo	oing Treasurer (within 10 days amend Statement of Organ	tization)	Post-Con	vention are distance of C		
12. Reporting Period:	N 21 2 4	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	LUMN A	COLUMN B		
From: 1-1-2007 Through: 12-31-2007			s Period	Year to Date		
13. Cash on hand and investments at the beginning of this		50	aj <b>o b</b> a periori			
14. Cash on hand and investments January 1, current year.  CONTRIBUTIONS AND				4.07		
(Note: these amounts include in-kind contributions and loan						
15a. Itemized (use Schedule A)		-	7	0		
15b. Uniternized			5	0		
15c. Add lines 15a and 15b in both columns	SUBTOTA	L	0	17		
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B TOTA	L	October 3	0		
EXPENDITUR	ES					
(Note: These amounts include in-kind expenditures and loan	n repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			0	25.99		
17b. Unitemized			0			
17c. Add lines 17a and 17b in both columns SUBTOTAL			U	\$2.0.05		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL			0	4.07		
19. Debts OWED BY the committee (use Schedule D)			0			
20. Debts OWED TO the committee (use Schedule E)			OH			
CER	TIFICATION		T District	OB OFFICE LIGHTONIA		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		CORRECT AND C	OMPLETES O	OR OFFICE USE ONLY		
Signature of Treasurer	Title	Date	CO Y	55		
Signature on File				-p 177		
		Date /-/5	-08 7 3	PM -		
	sale or used for any commercial purpose. (IC 3-			**		
	son who fails to file a complete or accurate rep	ort as required by	the Indianaco	59		
	and may be subject to civil penalties. (IC 3-9-4-16,	IU 3-9-4-17, IC 3-9	4-18)	and the same of th		



## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER						
Page	of					

Company of the Compan	I to the second	TOWOVSTAND GOVERNMENT AND DESIGNATION	DESCRIPTION OF SOME	Indiana and an annual service	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B CUMULATIVE	DATE OF
parcon number, any, seems	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code_O_		Direct In-Kind			A STATE OF THE PARTY OF T
GT CONTROL LANGER CONTROL OF THE CON	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Payment of Debt Returned Contribution		0-00	1-1-2007
COMMUNITY BANK SERVICE CHARGES		Other Purpose:		25.99	12-31-2007
Code	RECIPIENTS - 00234	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			( ) E/F
	motorcoc planates a		N. and and all	19000 a Ari	201-01-0
	TANKSTON OF SOME				
Code	MOI SO SCORIGO	☐ Direct ☐ In-Kind	Suntain	-0-0 1905 F may	beege T
	Off the second s	Payment of Debt Returned Contribution Other	341140		
	TRUCKE E PRODUCE E				
	The Control of the Co	Purpose:			
Code	DOTT E MANAGE	☐ Direct ☐ In-Kind			
	Note the second	Payment of Debt Returned Contribution	District Control		market a
The state of the parameter is not at	to frage test set ut) off as usual set at at	Other Purpose:			
Code	TIOMARYS NO STARS	☐ Direct ☐ In-Kind	of A na ma		
es est ala	r suspicion emitigado	Payment of Debt Returned Contribution	THE STATE OF STATE OF	713 6 31 619	
531	ROT	Other Purpose:	principal	A Section	rotpiù Langa il
	ont Tabledesign T	T dipose.	31027000CT		
Code	Cast Castallinet 19	☐ Direct ☐ In-Kind ☐ Payment of Debt			
APRIL TO THE WATER STREET	olgsi	Returned Contribution			
	eri basa	Other Purpose:	Maria Maria		
la la	Trees.	Barrier Control	per some series	0.100205-0	
Code	EINT SO JATOTALE	☐ Direct ☐ In-Kind ☐ Payment of Debt	10 100	The Table 15	
COMP LIST OF DATA OF STREET	a outs to standar	Returned Contribution		The state of the s	
ANTER CHECURE B OR THE LAST PA	SAN LIA GO JATOT	Purpose:	NO ES	Paranti sono	
E PORTE LES ANT IN THE SECOND IN	CACAY RESERVED AND			ear produ	-
	SUBTOTAL THIS PAG		\$25.59		
TOTAL OF ALL P.	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of		\$25,99	as in sident	tti i isaliki sali